

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 3	
<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> DAAE07-00-D-S014			<b>2. DELIVERY ORDER/CALL NO.</b> 0027		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2004JUN03		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DOA4		
<b>6. ISSUED BY</b> TACOM WARREN BLDG 231 AMSTA-AQ-ATAD JOHN JOLOKAI (586)574-8507 WARREN, MICHIGAN 48397-5000 EMAIL: JOLOKAIJ@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			<b>CODE</b> W56HZV		<b>7. ADMINISTERED BY (If other than 6)</b> DCMA DETROIT U.S. ARMY TANK & AUTOMOTIVE COMMAND (TACOM) ATTN: DCMAB-GJD WARREN, MI 48397-5000 <b>SCD: B PAS: NONE ADP PT: HQ0337</b>			<b>CODE</b> S2305A		<b>8. DELIVERY FOB</b> <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
<b>9. CONTRACTOR</b> GMA COVER CORP 2440 20TH STREET PORT HURON, MI. 48060-6436 <b>NAME AND ADDRESS</b>  TYPE BUSINESS: Other Small Business Performing in U.S.			<b>CODE</b> OV8C5		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE			<b>11. X IF BUSINESS IS</b> <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
<b>14. SHIP TO</b> SEE SCHEDULE			<b>CODE</b>		<b>15. PAYMENT WILL BE MADE BY</b> DFAS - COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATION P.O. BOX 182266 COLUMBUS OH 43218-2266			<b>CODE</b> HQ0337		<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b>	
<b>16. TYPE OF ORDER</b>		<b>DELIVERY/ CALL</b> <input checked="" type="checkbox"/>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.							
<b>PURCHASE</b>		<input type="checkbox"/> Oral <input type="checkbox"/> Written		Quotation _____, Dated _____.							
				furnish the following on terms specified herein.							
				ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
<div style="display: flex; justify-content: space-between;"> <span>NAME OF CONTRACTOR</span> <span>SIGNATURE</span> <span>TYPED NAME AND TITLE</span> <span>DATE SIGNED (YYYYMMDD)</span> </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE											
<b>18. ITEM NO.</b>		<b>19. SCHEDULE OF SUPPLIES/SERVICE</b>				<b>20. QUANTITY ORDERED/ ACCEPTED*</b>		<b>21. UNIT</b>	<b>22. UNIT PRICE</b>		<b>23. AMOUNT</b>
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				<b>24. UNITED STATES OF AMERICA</b> MARIE T. GAPINSKI /SIGNED/ GAPINSKM@TACOM.ARMY.MIL (586)574-5333 <b>BY:</b> CONTRACTING/ORDERING OFFICER					<b>25. TOTAL</b> \$451,385.94		<b>26. DIFFERENCES</b>
<b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b> <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED											
<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>c. DATE (YYYYMMDD)</b>		<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>			
<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>28. SHIP. NO.</b>		<b>29. D.O. VOUCHER NO.</b>		<b>30. INITIALS</b>	
<b>f. TELEPHONE NUMBER</b>		<b>g. E-MAIL ADDRESS</b>				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>32. PAID BY</b>		<b>33. AMOUNT VERIFIED CORRECT FOR</b>	
<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>						<b>31. PAYMENT</b> <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				<b>34. CHECK NUMBER</b>	
<b>a. DATE (YYYYMMDD)</b>		<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>								<b>35. BILL OF LADING NO.</b>	
<b>37. RECEIVED AT</b>		<b>38. RECEIVED BY (Print)</b>		<b>39. DATE RECEIVED (YYYYMMDD)</b>		<b>40. TOTAL CONTAINERS</b>		<b>41. S/R ACCOUNT NUMBER</b>		<b>42. S/R VOUCHER NO.</b>	

Name of Offeror or Contractor: GMA COVER CORP

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0014	NSN: 2540-01-385-9462 FSCM: 0V8C5 PART NR: 54441 SECURITY CLASS: Unclassified				
0014AA	<u>FOURTH ORDERING YEAR</u>  NOUN: KIT,COVER,SOFT TOP PRON: EH44S693EH PRON AMD: 01 ACRN: AA AMS CD: 070011  <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: SEE PACKAGING REQUIREMENTS CLAUSE IN BASIC LEVEL PRESERVATION: Military LEVEL PACKING: A  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W56HZV4092T840 W25G1U L 1 <u>DEL REL CD QUANTITY DAYS AFTER AWARD</u> 001 93 0150  002 288 0180  FOB POINT: Origin  SHIP TO: <u>FREIGHT ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE07-00-D-S014/0027	381	KT	\$ 1,184.74000	\$ 451,385.94

**CONTINUATION SHEET**

Reference No. of Document Being Continued

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**PIIN/SIIN** DAAE07-00-D-S014/0027

**MOD/AMD**

**Name of Offeror or Contractor:** GMA COVER CORP

## CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/	OBLG	ORDER	ACCOUNTING	OBLIGATED
ITEM	MIPR	ACRN STAT	ACCOUNTING CLASSIFICATION	STATION	AMOUNT
0014AA	EH44S693EH	AA 2 97	X4930AC6D 6D	W56HZV	\$ 451,385.94
	070011		26FB S20113		
				TOTAL	\$ 451,385.94

SERVICE						ACCOUNTING	OBLIGATED
NAME	TOTAL BY ACRN	ACCOUNTING CLASSIFICATION				STATION	AMOUNT
Army	AA	97	X4930AC6D 6D	26FB	S20113	W56HZV	\$ 451,385.94
						TOTAL	\$ 451,385.94